NUMBER FILED NUMBER EXTRA BASIC FEE 370:00 OR TOTAL CHARGEABLE CLAIMS minus 20= * NUMBER EXTRA X\$ 9= OR NUMBER EXTRA X\$ 9= OR X42= OR MULTIPLE DEPENDENT CLAIM PRESENT If the difference in column 1 is less than zero, enter "0" in column 2 CI AIMS AS AMENDED - PART II	OTHER SMALL E RATE BASIC FEE X\$18= X84= +280= TOTAL	
FOR NUMBER FILED NUMBER EXTRA TOTAL CHARGEABLE CLAIMS minus 20= * X\$ 9= OR INDEPENDENT CLAIMS minus 3 = * X42= OR MULTIPLE DEPENDENT CLAIM PRESENT	X\$18= X84= +280= TOTAL	
TOTAL CHARGEABLE CLAIMS minus 20= * X\$ 9= OR INDEPENDENT CLAIMS minus 3 = * X42= OR MULTIPLE DEPENDENT CLAIM PRESENT	X\$18= X84= +280= TOTAL	740.00
MULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than zero, enter "0" in column 2 * CLAIMS AS AMENDED - PART II	X84= +280= TOTAL	
MULTIPLE DEPENDENT CLAIM PRESENT # If the difference in column 1 is less than zero, enter "0" in column 2 * CLAIMS AS AMENDED - PART II	+280= TOTAL	
MULTIPLE DEPENDENT CLAIM PRESENT +140= OR If the difference in column 1 is less than zero, enter "0" in column 2 CI AIMS AS AMENDED - PART II	TOTAL	
* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR	L	
1017 CLAIMS AS AMENDED - PART II	•	}
(Column 1) (Column 2) (Column 3) SMALL ENTITY OR	OTHER SMALL E	
CLAIMS REMAINING AFTER AMENDMENT Total Tot	RATE	ADDI- TIONAL FEE
Total * $\frac{35}{5}$ Minus ** $\frac{35}{5}$ = OR	X\$18=	
Independent * Minus *** 3 = X42= OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= OR	+280=	
TOTAL OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)		
CLAIMS REMAINING AFTER AMENDMENT Total * Minus *** **Independent * Minus ** **Independent * Minus **Independent * Minu	RATE	ADDI- TIONAL FEE
Total * Minus ** = X\$ 9= OR	X\$18=	
Independent * Minus *** = X42= OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= OR	+280=	
TOTAL ADDIT. FEE OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3) CIAIMS HIGHEST ADDI:		4001
CLAIMS REMAINING AFTER AMENDMENT Total Independent Minus Total CLAIMS REMAINING REMAINING AFTER AMENDMENT Minus *** Total RATE TIONAL FEE X\$ 9= OR OR	RATE	ADDI- TIONAL FEE
∑ Total	X\$18=	
Independent * Minus *** = X42= OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= OR	+280=	
TOTAL	TOTAL	1 1 1 1 1
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3." The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3." The Highest Number Previously Paid For In This Space is less than 3, enter "3."	ADDIT. FEE	N.

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